

Ad 7/6
pc 4/4

Artist ROBERT E. CLARK (Please print plainly)

Telephone No. CH. FALLS
7961 Address BRIAR HILL - SOLON-O.

Please Enclose Registration Fee of \$1.00 (Check or Money Order) With Entry Blank

[illegible]

Entry blanks must be filled out and returned to the Museum on or before April 3, those postmarked later than April 3 will not be accepted.

Entries must be delivered at the Museum between 9 A.M. and 5 P.M. from April 7 to April 14 (except Sunday).

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